



Application for Employment

110 N. First St., PO Box 299, Indianola, IA 50125-0299
(515) 961-9410 Phone • (515) 961-9402 Fax

General Information

Please Print or Type

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: () _____ Social Security Number: _____

Position Applying For: _____ Date of Application: ____/____/____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

If you are between 16 and 18, and if it is required, can you furnish a work permit? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

What date are you available for work? ☐ Yes ☐ No

Have you ever been employed by the City of Indianola or IMU before? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Are you a U.S. Veteran? ☐ Yes ☐ No

If yes, provide dates of active service _____

Do you possess a valid driver's license? ☐ Yes ☐ No

If yes, provide license number: _____ Issuing State: _____

Class of driver's license: _____ Endorsements: _____

The City of Indianola is an Equal Opportunity Employer. The City does not discriminate on the basis of race, religion, sex, age, national origin, marital status, sexual orientation, or disability. If you need any accommodations during the selection process because of a disability, please notify the Human Resources Department at (515) 961-9410 and we will provide appropriate accommodations.

Educational Background

Name & Location	Years Completed	Diploma or Degree	Major Course or Study
High School:			
College:			
Other:			

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:
Job Title:		Address:
Immediate Supervisor:		Describe Duties:
Reason for Leaving:		
Hourly Rate/Salary		
Start:\$	per	Final:\$ per

From:	To:	Employer:
Job Title:		Address:
Immediate Supervisor:		Describe Duties:
Reason for Leaving:		
Hourly Rate/Salary		
Start:\$	per	Final:\$ per

From:	To:	Employer:
Job Title:		Address:
Immediate Supervisor:		Describe Duties:
Reason for Leaving:		
Hourly Rate/Salary		
Start:\$	per	Final:\$ per

Please list any additional trainings and/or skills: _____

References

Please provide information for three (3) work related references

Full Name	Business or Occupation	Position or Title	Phone Number

Applicant's Statement

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY, that this application is complete to the best of my knowledge and all information given is true and contains no misrepresentations.

FURTHERMORE:

I am aware that all statements submitted on this application are subject to investigation and verification.

I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested in the processing of this application.

I agree to provide, upon request, written releases and waivers of confidentiality should any former employer or school require such a release.

I understand that any withholding of information or misrepresentation on this application or on city medical forms could result in rejection for employment, or if employed, termination from employment.

I understand any offer of employment is conditional upon successfully completing a physical which includes a drug screening.

If employed, I understand that I am required to abide by all rules and regulations as indicated in the Personnel Management Guide and/or applicable Union Contract and Employee Handbook.

If I am hired, I understand that I may resign at anytime, with or without cause and without prior notice, and the City of Indianola reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Indianola, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the City of Indianola and still wish to be considered for employment, it will be necessary to fill out a new application.

I authorize the City to conduct a driving record check if driving will be required in my position with the City, and complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the City will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.

I understand the City has the option of conducting a credit check on me. If such a check will be performed the City will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the City.

I represent and warrant that I have read and fully understand the foregoing, and seek employment under these conditions.

Signature of Applicant _____ Date _____

Reviewed by: _____ Scheduled for interview on: _____

Meets or exceeds minimum qualifications: ☐ YES ☐ NO

Application Filed: _____ Filed By: _____